



☒ The filing fee has been calculated as follows [ ] and in accordance with the enclosed preliminary amendment:

C L A I M S					
	NO. OF CLAIMS		EXTRA CLAIMS	RATE	FEE
Basic Application Fee					\$770.00 (1001)
Total Claims	28	MINUS 20 =	8	× \$18.00 (1202) =	\$144.00
Independent Claims	2	MINUS 3 =	0	× \$86.00 (1201) =	0
If multiple dependent claims are presented, add \$290.00 (1203)					
Total Application Fee					\$914.00
If small entity status is claimed, subtract 50% of Total Application Fee					
Add Assignment Recording Fee \$40.00 (8021) if Assignment document is enclosed					\$40.00
<b>TOTAL APPLICATION FEE DUE</b>					<b>\$954.00</b>

- ☐ This application is being filed without a filing fee. Issuance of a Notice to File Missing Parts of Application is respectfully requested.
- ☒ A check in the amount of \$ 954.00 is enclosed for the fee due.
- ☐ Charge \$ \_\_\_\_\_ to Deposit Account No. 02-4800 for the fee due.
- ☒ The Director is hereby authorized to charge any appropriate fees under 37 C.F.R. §§ 1.16, 1.17 and 1.21 that may be required by this paper, and to credit any overpayment, to Deposit Account No. 02-4800. This paper is submitted in duplicate.

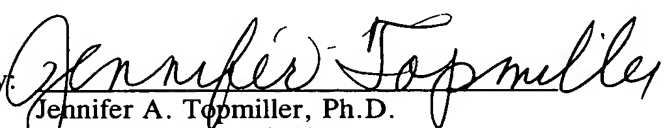
Please address all correspondence concerning the present application to:

BURNS, DOANE, SWECKER & MATHIS, L.L.P.  
Customer Number: **2 1 8 3 9**  
P.O. Box 1404  
Alexandria, Virginia 22313-1404.

Respectfully submitted,

BURNS, DOANE, SWECKER & MATHIS, L.L.P.

Date: October 22, 2003

By:   
Jennifer A. Topmiller, Ph.D.  
Registration No. 50,435

P.O. Box 1404  
Alexandria, Virginia 22313-1404  
(703) 836-6620